

Complete and file this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 373-2850

MAR 3 2007

STATEMENT This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Block 1 through 3 should be completed before payment. All further correspondence, including the Patent, Advance orders and notifications of examination fees will be mailed to the current correspondence address as stated in the corrected or most recent entry in Block 1, by (i) specifying a new correspondence address, and/or (ii) indicating a specific "FEE ADDRESS" for current correspondence. Attorney (from the block 1 or my stamp of record).

10710 1520 12/04/2006

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.
1100 NEW YORK AVENUE, N.W.
WASHINGTON, DC 20003

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) transmission. This certificate cannot be used for any other accompanying papers. Each additional paper, such as a transmittal or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that the Fee(s) transmission is being deposited with the United States Postal Service who will cause postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (371) 373-2850, on the date indicated below.

(Priority mail)
(Express)
(Domestic)

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
-----------------	------------	----------------------	---------------------	------------------

09/921,143 03/03/2001 Timothy Colvin 1688.100000/NHC/PAC 649

NAME OF INVENTION: VASCULAR ENDOTHELIAL GROWTH FACTOR-2

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	20	\$1400	\$1400	03/03/2007

EXAMINER	ART UNIT	CLASS-SUBCLAS
QIAN, CELING X	1636	435-120100

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.

"Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 01-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

STERNE, KESSLER,
GOLDSTEIN & FOX P.L.C.

2 _____

3 _____

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee date will appear on the patent. If no assignee is identified below, the document has been filed for registration as set forth in 37 CFR 1.11. Completion of this form is NOT a substitute for filing as assignee.

A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Human Genome Sciences, Inc.

Rockville, MD

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - 0 of Copies
- Payment of Fee(s): (Please first resupply any previously paid issue fee shown above)
 A check is enclosed.
 Payment by credit card. Form PTO-2018 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0036 (enclose an extra copy of this form).

Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.37. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.37(g)(7).

E. The Issue Fee and Publication Fee (if required) will not be recognized from anyone other than the applicant, a registered attorney or agent, or the assignee or other party to an application by the records of the United States Patent and Trademark Office.

Authorized Signature

Paul A. Colvo

Date 3/1/07

Typed or printed name

Paul A. Colvo

Registration No. 57,913

Collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to be provided by the USPTO to process applications. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 72 minutes to complete, including gathering, preparing, and filling the completed application forms to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you believe to complete this form and suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, 1450 Alexander Bell Drive, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

For the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

14 (Rev. 07/06) Approved for use through 04/30/2007.

OMB 0651-0032 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

03/12/2007	DTERRY	06000002	1400:89	1400:6.00
			1	
			03: FC:1501	03: FC:1501
			03: FC:1501	03: FC:1501

BEST AVAILABLE COPY